Disclosure Report Cover Use this form for general report and committee information, must be signed and submitted along with other detailed Do not use this form to update information. L. Committee Information a. Full Name Committee to elect Bob Lloyd b. Mailing Address (include City, State and Zip Code) 4257 Anderson Dr. Southport NC 28461 e. Phone Number	ther detailed forms. The state of the state
Do not use this form to update information. I. Committee Information a. Full Name Committee to elect Bob Lloyd b. Mailing Address (include City, State and Zip Code) 4257 anderson Dr. C. ID Number d. Date Filed 9-28-15	nber iled 8-15 Number
a. Full Name Committee to elect Bob Lloyd b. Mailing Address (include City, State and Zip Code) 4257 anderson Dr. c. ID Number d. Date Filed 9-28-15	iled 8-15 Number
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8. Phone Number	and a second contract of
910-376-14	(*11 -144/)
2. Report Year 3. Period Start Date (mm/dd/yy) 4. Period End Date (mm/dd/yy) 5. Treasurer Full Name	
2015 07/06/15 09/22 15 Barbara M.C.	M. Cheek
6. Type of Committee (Check One) 9. Type of Report (check only one type of report from one category	
Candidate Campaign Party Municipal State/County Referendum	un.
PAC	
Independent Expenditure I Joint Fundraiser I Thirty-five day Quarterly Pre-referendum	
Legal Expense Fund Pre-primary First Final	
Pre-election Second Supplemental Final	
7. Type of Fund (if applicable, check one) Pre-runoff	eferendum
Booster Fund Semi-annual Fourth Special	eferendum emental Final
Building Fund Mid Year Semi-annual	eferendum emental Final
Year End Mid Year 10. Special Report	eferendum Iemental Final al
U Other: Year End	eferendum Iemental Final al
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8. Number of Fundraisers this Report Special Final Special Special Special Special Special Special Special	cferendum cemental Final al al lal Report Name Code cegin Balance
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8. Number of Fundraisers this Report Special Specia	cemental Final al al al lal Report Name Code egin Balance M of Chapter 163 her certify that this 28-/5 Date
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8. Number of Fundraisers this Report 11. Account Information a. Financial Institution Full Name BB4T b. Purpose c. Account Code EFG d. Period Begin Balance \$ // 00 . 00 I certify that the Committee or Fund is in compliance with all applicable provisions of Article 22A, 22B & 22D-22M of Chapte of the NC General Statutes and that no funds are commingled with prohibited or other non-disclosed funds. I further certify the report is complete, true and correct and that I have been trained by the NC State Board of Elections. Baybayaya Cheek Baybayaya Cheek Baybayaya Cheek Printed Name of Signer Signature of Appointed Treasurer Date TOR OFFICE USE ONLY Date Postmarked: Employee: Employee: Delivery Method Normal Mail Registered Mail Registered Mail Registered Mail Registered Mail	code
8. Number of Fundraisers this Report Special Final Special Final Special	code
8. Number of Fundraisers this Report Special	code
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Second Information II. Account Information III. Account In	code

Amendment

Yes No

		FF 4 3 43 4	
Start of Election Cycle: January 1, 3015		Total this Reporting Period	Total this Election Cycle
4) Cash on Hand at Start		s D	\$
RECEIPTS			
5) Aggregated Contributions from Individuals (C	RO-1205)	\$ 607.79	\$
6) Contributions from Individuals (C.	'RO-1210)	\$	\$
7) Contributions from Political Party Committees (C.	RO-1220)	\$ -0-	\$
8) Contributions from Other Political Committees (Committees)	RO-1230)	\$ -0-	\$
9) Loan Proceeds (Ca	RO-1410)	\$ - 0	\$
10) Refunds/Reimbursements to the Committee (Ci	\$ -0-	\$	
11) Other Receipt Sources			
11a) Interest on Bank Accounts (Ca	RO-1250)	\$ -6-	\$
11b) Contributions from Not-For-Profit Organizations (Ca	RO-1250)	\$ -0-	\$
11c) Outside Sources of Income (CI	RO-1250)	\$ - 0 -	\$
11d) Legal Expense Fund - Other Sources (CI	RO-1270)	\$ -0 -	S
11e) Exempt Purchase Price Sales (CA	RO-1265)	\$ -0-	\$
12) TOTAL RECEIPTS (Add lines 5, 6, 7, 8, 9,10,11a,11b,11c,11d		\$ 607. 29	\$ **
EXPENDITURES		7.000	The state of the s
(3) Disbursements			
13a) Operating Expenditures (CR	20-1310)	\$ 125:00	\$
13b) Contributions to Candidate:/Political Committees (CR	20-1310)	\$ 11	\$
13c) Coordinated Party Expenditures (CR	RO-1310)	\$ -0-	\$
4) Aggregated Non-Media Expenditures (CR	(0-1315)	\$ 0 -	\$
5) Loan Repayments (CR	(0-1420)	\$ - 0 -	\$
6) Refunds/Reimbursements from the Committee (CR	(0-1320)	\$ ~ 0	\$
7) In-Kind Contributions (CR	0-1510)	\$ 482,79	\$
8) TOTAL EXPENDITURES (Add lines 13a, 13b, 13c, 14, 15, 16		\$ 7001 / [\$
9) Cash on Hand at End (Add lines 4 and 12 together, then subtract	line 18)	s D -	\$
ADDITIONAL INFORMATION			
0) Non-Monetary Gifts Given to Other Committees (CR	O-1330)	\$.	
1) Outstanding Loans (incl. ones from other campaigns) (CRO	0-1430)	\$	
2) Debts and Obligations owed by the Committee (CRO	0-1610)	\$	
3) Debts and Obligations owed to the Committee (CR)	0-1620)	6	
4) Account Transfers Within the Committee (CRO	0-1720)	\$	
5) Administrative Support (Cre	0-1710) 9	6	\$
6) Forgiven Loans (CRO	0-1440) \$		\$
7) 48-Hour Notice Reports Sum (CRO	-2220) \$		\$
8) Contributions to be Refunded (CRO	-1215) \$		\$

1 Comm	ittee Full N	ama /am 1 17 1 12	ILLOHS OVER \$30 OF	contributions ur	ider \$50 if for	n CRO	0 1205 is not used
i, Congil	arree Lani M	ame (and Fund if ap	pplicable)			2	. ID Number
3. Contri	butor Infor	mation		A. 17.			
		dress & Phone			emove		
	city, state, & z			b. Job Title/Pro		d	. Comments
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Det	14 7	upp		c. Employer's Na	ame/Specific Fiel	d	
7911	Eas	ct Backt	LD.			, and	
	1 - 1	si guani	Ur		-	e.	Election Sum to Date
Uak	15,104	tupp st Yacht nd, NC &	18465			1 5	125.00
9		. IL POLIT OF PAYMENT	11. In-Kind Descri	ption	j. Date (mm/dd		
	EFG	CK#2115	-		100111		
		- LIVIE WILL	-		09/01/	15	\$ 125.00
					1		\$
				- /			\$
Contrib	utor Inform	nation		Add □ Re	move	7 F. A. 1. S. P.	1
The same of the sa	, Mailing Add	나는 그리는 그렇게 하는데	AND THE RESERVE	b. Job Title/Profe		la l	
	ty, state, & zip			-		d. (Comments
Foom	is a has	Les Robert 1		Retin	e d		93
יוק טףק יו	4250	LED Robert 1	16040	c. Employer's Na	ne/Specific Field		
				7.030.0110	morberme ricit		
	54. 4	Anderson L	Da.		arspeine Field		
	Souti	hport, n.c. 2	18461		mopetite rieu		Election Sum to Date
	Souti	hport, N.C. 2 (ind Contain	18461		mopetine raid		Election Sum to Date
Prior g. A	Souti	hport, n.c. 2	18461			e. E	
	IN K	h. Form of Payment	Butioの i. In-Kind Descript	iion	j. Date (mm/dd/	e. E \$	k. Amount
	20 K	ind Contain	Butioの i. In-Kind Descript	iion	j. Date (mm/dd/	e. E \$	k. Amount
	IN K	h. Form of Payment	Butioの i. In-Kind Descript	iion	j. Date (mm/dd/	e. E \$	
	IN K	h. Form of Payment	Butioの i. In-Kind Descript	iion	j. Date (mm/dd/	e. E \$	k. Amount \$ 482.79
	IN K	h. Form of Payment Deb; TCARS	i. In-Kind Descript YARD 5:303 TR: FOLJ	tion	j. Date (mm/dd/)	e. E \$	k. Amount \$ 4/82.74
Contribu	TN K Account Code EFC	h. Form of Payment DeB; TCARS ation	i. In-Kind Descript YARD 5:303 TR: FOLJ	tion , Bas. CARPs BRAChuses Add Ren	j. Date (mm/dd/	e. H \$ (yyyy)	k. Amount \$ 482.74 \$
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1. Committee	Full Name (and Fu	nd if applicable)					2. ID Number
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3. Type of Dis	LLOYD -TI	I Commi	TIEE 10	E	Lect Bol	رره	4
Operating Ex		entributions to Candid	RO-1310 forms for lates/Political Commit	or eac			
4. Payee Infor		ondibutions to Candid	Add Add	-	emove	oordina	ted Party Expenditures
a. Full Name, I	Mailing Address & P	hone			Committee Na	me	d. Comments
include city, state	e, & zip)	Service in the service of the servic					u. Comments
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. Payee Inform			Add	Re	move		
	ling Address & Phone		b. Coordin	ated C	Committee Nan	ne	d. Comments
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Payee Inform Full Name, Maili include city, state find the city of	nation ing Address & Phone ite, & zip) g. Form of Payment is Page CRO-1310 Pages line 13a of Detailed Sumi line 13b of Detailed Sumi line 13c of Detailed Sumi line 13c of Detailed Sumi bdes (List detailed e B* - Printin F* - Equipm	h. Purpose Code mary Page CRO-1100 mary Page CRO-1100 expenditure code is	c. Level Reg Federal State Dif Operating Expensor of Contrib to Candid Off Coordinated Party in (h.) above) The Fundraising Section - Political Party	\$ \$ Reinted Control	move committee Nam d (Specify) County: Municipal mount olitical Comminditures)	e dality: e.k. Req	quired Remarks I. Comments Election Sum to Date \$ quired Remarks The Candidate Public Office Expenses
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Amendment

December 2009

Disbursements

1. Committee Full Name (and Fund if applicable	A beautiful and the second sec		2. ID Number
Committee to elect B	ob Lloyd.		
3. Contributor Information	AND DESCRIPTION OF THE PERSON	emove	
a. Full Name, Mailing Address & Phone	b. Type of Contr	ATTEMPT OF THE PARTY OF THE PAR	c. Comments
(include city, state, & zip)	Individual		- 00:
Charles Robert Lloud	Candidate		
4257 0 1 . 1	Party PAC		
Tas / Underson Dr	Referendum		1 m 1 m 1 m 1 m 1 m 1 m 1 m 1 m 1 m 1 m
Charles Robert Lloyd 4257 anderson Dr Southport, NC 28461	Other Receip	t Source	d. Election Sum to Date
e. Description			\$ 482.79
		f. Date (mm/dd/yyy	y) g. Fair Market Amoun
yard sign, magnetic s	signs.	8-15-201	- \$ 491 7
business cards tri tol	d brochwes		\$
			\$
S. Contributor Information Full Name, Mailing Address & Phone		nove	
(include city, state, & zip)	b. Type of Contril	outor	. Comments
the state of the s	Individual		
	Candidate	1	
	Party PAC		
	Referendum	h.	T
	Other Receipt	Source	. Election Sum to Date
			\$
Description		f. Date (mm/dd/yyyy)	g. Fair Market Amount
		-	\$
			
			\$
	=======================================		\$
Contributor Information	☐ Add ☐ Rem	ove	
Full Name, Mailing Address & Phone include city, state, & zip)	b. Type of Contribu	itor c.	Comments
and any state, et alp	Individual	5000 11 500	
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		nurce	election 2000 to Date
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NC State Board of Elections

Amendment

December 2007

In-Kind Contributions



North Carolina

State Board of Elections

441 N Harrington Street Raleigh, NC 27603

Kim Westbrook Strach Executive Director Mailing Address PO Box 27255 Raleigh, NC 27611-7255 (919) 733-7173

Certification to Close Committee

This Certification is used to express the intent to close the committee after all funds have been properly disbursed.

This Certification is filed at the Board of Elections office where the committee's campaign reports are filed.

FILED BY:	
Committee Name:	Committee to elect Bob Lloyd
Treasurer Name:	Barbara Cheek
Treasurer Address:	4257 anderson Dr.
(include city, state, & zip)	Southport, NC 28461
Treasurer Phone:	910-330-4143

I certify that the above mentioned Committee intends to close and cease existence. Upon signing this certification, I declare that all funds have been distributed and reported (if required). In addition, no contributions will be accepted or disbursements made after the "Final Report" is filed or this form is signed. If the Committee at any future time intends to accept or spend funds in support or opposition of any candidate or ballot issue, a new political committee must be formed and registered with the Board of Elections before such activities may commence.

Committees that have filed under the \$1,000 threshold will only be required to sign this Certification. No "Final Report" will be required for committees meeting this criterion. Any Committee that did not file under the \$1,000 threshold must submit a "Final Report" with this Certification. This report must have a zero balance with no outstanding loans or debts.

9-28-15 Date Signed Barlara Cheek